

**Governor's Task Force on
Prescription Drug and Heroin Abuse**

Tuesday, December 16, 2014

2:00 p.m. – 5:00 p.m.

***Patrick Henry Building, West Reading Room
Richmond, Virginia***

*****DRAFT***MEETING MINUTES**

Members Present

Co-Chairs

The Honorable William Hazel, Jr., MD, Secretary of Health and Human Resources

The Honorable Brian Moran, Secretary of Public Safety and Homeland Security

Members

Craig Branch, Chief of Police, Germanna Community College Police Department

David E. Brown, DC, Director, Virginia Department of Health Professions

The Honorable Bill Carrico, Member, Senate of Virginia

James A. Cervera, Chief of Police, Virginia Beach Police Department

Lillian Chamberlain, Substance Abuse Services Team Leader, Norfolk Community Services Board

Rick Clark, Chief of Police, Galax Police Department

Karl C. Colder, Special Agent in Charge, U.S. Drug Enforcement Administration, Washington Division Office

Kim W. Craig, MSN, RN, Executive Director, Staunton-Augusta County Rescue Squad and Vice President, Virginia Association of Volunteer Rescue Squads

Terry D. Dickinson, DDS, Executive Director, Virginia Dental Association

Francine C. Ecker, Director, Virginia Department of Criminal Justice Services

Debra Ferguson, PhD, Commissioner, Virginia Department of Behavioral Health & Developmental Services

Don Flattery, Impacted parent and community advocate for response to prescription drug and heroin abuse

Carol Forster, MD, Physician Director, Pharmacy & Therapeutics/Medication Safety, Mid-Atlantic Permanente Medical Group

Mary Gavin, Chief of Police, Falls Church Police Department

The Honorable Charniele L. Herring, Member, Virginia House of Delegates

The Honorable David R. Hines, Sheriff, Hanover County Sheriff's Office

The Honorable M. Keith Hodges, RPh, Member, Virginia House of Delegates

Cynthia E. Hudson, Chief Deputy Attorney General, Office of the Attorney General of Virginia

Rick Jenkins, Deputy Director, Bureau of Criminal Investigation, Virginia Department of State Police

The Honorable Jerrauld C. Jones, Judge, Norfolk Circuit Court

Marissa J. Levine, MD MPH, State Health Commissioner, Virginia Department of Health

Mary G. McMasters, MD, FASAM, Addictionologist, Comprehensive Behavioral Health

Sarah Tollison Melton, PharmD, Chair, One Care of Southwest Virginia

The Honorable John M. O'Bannon, Member, Virginia House of Delegates

The Honorable Nancy G. Parr, Commonwealth's Attorney, City of Chesapeake; President, Virginia Association of Commonwealth's Attorneys

The Honorable Anthony Roper, Sheriff, Clark County Sheriff's Office

Patricia Shaw, Administrator, Henrico Drug Treatment Court and President, Virginia Drug Court Association

The Honorable Jennifer T. Wexton, Member, Senate of Virginia

Staff Present

Victoria Cochran, Deputy Secretary of Public Safety and Homeland Security, Office of the Governor

Shannon Dion, Director of Policy and Legislative Affairs, Virginia Department of Criminal Justice Services

Teresa P. Gooch, Division Director of Law Enforcement and Security Services, Virginia Department of Criminal Justice Services

Katya Herndon, Chief Deputy Director, Virginia Department of Forensic Science

Jaime H. Hoyle, Chief Deputy Director, Virginia Department of Health Professions

Caroline D. Juran, Executive Director, Board of Pharmacy, Virginia Department of Health Professions

Jennifer S. Lee, MD, Deputy Secretary, Office of the Secretary of Health & Human Resources

Jodi Manz, MSW, Policy Advisor, Office of the Secretary of Health & Human Resources

Ralph Orr, Director, Prescription Monitoring Program, Virginia Department of Health Professions

Chris Palmer, Graduate Student-Intern, Office of the Secretary of Health & Human Resources

Mellie Randall, Director, Office of Substance Abuse Services, Virginia Department of Behavioral Health and Developmental Services

Laura Z. Rothrock, Executive Assistant and Operations Manager, Virginia Department of Health Professions

Jessica Smith, School and Campus Security Specialist, Division of Law Enforcement and Security Services, Virginia Department of Criminal Justice Services

Karen Sullivan, Administrative Planning Specialist, Virginia Department of Criminal Justice Services

Jennifer Wicker, Deputy Legislative Director, Office of the Governor

Members Absent

Jan M. Brown, Executive Director, SpiritWorks Foundation and SAARA of Virginia

Juan Santacoloma, Multicultural Liaison, Chesterfield County and SAFE Latino Coordinator

Opening Remarks and Task Force Member Introductions

William Hazel Jr., MD, Secretary of Health and Human Resources

Secretary Hazel called the meeting to order and welcomed the Task Force members and the public. He asked all of the Task Force members to introduce themselves. Following the introductions, he noted that there will be a change in the agenda – during the Workgroup presentations, Treatment and Storage/Disposal will switch places.

Swearing-In of Task Force Members

Levar Stoney, Secretary of the Commonwealth

Mr. Stoney conducted the swearing-in of the new Task Force Members and those who had missed the first Task Force meeting.

Approval of Minutes

William Hazel Jr., MD, Secretary of Health and Human Resources

Secretary Hazel asked if there were any amendments or corrections to the minutes of the November 12, 2014 Task Force meeting. There were no objections, and the minutes were approved.

Education Workgroup Recommendations

Sarah Tollison Melton, PharmD, Chair, One Care of Southwest Virginia

Dr. Melton read each of the Workgroup recommendations. (Handout provided – see attached)

Recommendations:

1. Develop a state website as an informational hub on prescription drug and heroin abuse.

The funding source has not yet been identified. Research and discussion is needed on where the website would reside and what other states' costs were to implement their websites. A unique, easily recognizable domain name is needed. The target groups would include citizens of Virginia, healthcare professionals, law enforcement, and educators.

Decision: Accepted, contingent upon funds being available. The Secretaries will look at how this can be accomplished.

2. Create and send Op-eds and Dear Colleague letters.

This would be a coordinated media campaign aggregating the expertise of the Task Force.

Decision: Accepted

3. Collaborate with Storage and Disposal to place a stationary disposal container in every locality and subsequently inform Virginians of their locations.

Decision: Deferred until the Storage/Disposal Workgroup presented their recommendations, upon which this was Accepted.

4. Collaborate with Storage and Disposal to encourage distribution of lock boxes with controlled-substance prescriptions when dispensed.

Decision: Deferred until the Storage/Disposal Workgroup presented their recommendations, upon which this was Accepted.

5. Send a letter to ALL prescribers about the PMP (Virginia Prescription Monitoring Program), focusing on urgency of overdose epidemic.

The Virginia Department of Health Professions (DHP) and the Virginia Department of Health agree with this recommendation.

Decision: Accepted, with the addition of also sending to dispensers.

6. Annual educational outreach to opioid prescribers (based on PMP data) regarding appropriate prescribing of controlled substances.

This would include letters with best practices sent via US mail and electronically.

Decision: Deferred until the Data/Monitoring Workgroup presented their recommendations, upon which this was Accepted.

7. Send a letter to healthcare school leaders regarding development of pain management and addiction training curricula.

Decision: Accepted

8. Develop a minimum 4-hour opioid educational curriculum for law enforcement, corrections, probation and parole, EMTs, CIT officers, and school resource officers.

The Virginia Department of Criminal Justice Services would collaborate on this.

The training could be web-based.

Decision: Accepted

9. Develop law enforcement training regarding naloxone administration if pilot is expanded to include law enforcement; pilot expansion must include law enforcement immunity for injuries when administering naloxone.

Decision: Deferred until all of the other Workgroups presented their recommendations, upon which this was Accepted.

Storage/Disposal Workgroup Recommendations

Caroline D. Juran, Executive Director, Board of Pharmacy, Virginia Department of Health Professions

Rick Clark, Chief of Police, Galax Police Department

Ms. Juran and Chief Clark read each of the Workgroup recommendations, short term action items, legislative items and Workgroup referrals. (Handout provided – see attached)

Recommendations:

1. To increase disposal opportunities via drug take-back events within the community:
 - a. Law enforcement awareness
Decision: Accepted
 - b. Organization awareness
Decision: Accepted
 - c. Public awareness
Decision: Accepted
 - d. Public alerts for disposal and take-back events
Decision: Accepted
 - e. Identify financial assistance opportunities
Decision: Accepted
 - f. Review and update the Office of the Attorney General's (OAG) "Take Back Event" document
The OAG will continue to do this and will distribute the guide to law enforcement.
Decision: Accepted
 - g. Explore the feasibility of mobile incinerators
Decision: Accepted
2. To increase disposal opportunities via drug take-back events within the law enforcement agencies, increase number of law enforcement agencies participating as drug collection sites.
Decision: Accepted
3. To increase disposal opportunities via mail back programs and collection boxes provided by pharmacies:
 - a. Determine State's need to promulgate federal rules regarding pharmacy collection and mail back programs via legal guidance.
Cynthia Hudson has been tasked to do this and will work with the Virginia Board of Pharmacy.
Decision: Accepted, with the deletion of the word "federal."
 - b. Increase pharmacy collection and mail back participation.
More research is needed into how to mitigate risks such as armed robberies.
Decision: Accepted
4. Determine federal rule impact of existing drug disposal/take-back programs
Decision: Accepted

Short Term Action Items:

1. Increase awareness and provide information on securing drugs in the home.
There are brochures available on federal websites for this purpose. This item would fit in with the Education Workgroup recommendations 1 and 2.

Decision: Accepted

2. Encourage law enforcement to apply to CVS and other drug stores for disposal boxes
The boxes are free and supplies are limited. Law enforcement should apply by the end of the year if possible.

Decision: Accepted, with change in wording to "Encourage law enforcement to apply to commercial enterprises offering free disposal boxes."

Legislative Item:

Require Hospice to notify pharmacies and Medicaid about the death of a patient.

Electronic death registry has been created and consideration should be given to sending information to the PMP. Delegate Hodges is considering putting in legislation for this item.

Decision: Accepted, with deletion of "and Medicaid."

Workgroup Referral:

To the Education Workgroup: Education for doctors on how to prescribe medication in proper doses to limit excess quantities of prescribed drugs.

Decision: Agreed to the referral.

Treatment Workgroup Recommendations

Jennifer S. Lee, MD, Deputy Secretary, Office of the Secretary of Health & Human Resources

Dr. Lee read each of the Workgroup recommendations, short term action items, and legislative items. (Handout provided – see attached)

The Workgroup did not ask for a vote on their recommendations or short term action items at this time as additional research is needed.

Legislative Items:

1. Increase access to naloxone by expanding the pilot program statewide and providing immunity for administration

This would be optional, not mandatory. Immunity would apply to lay persons also.

Decision: Accepted

2. Increase access to naloxone by allowing pharmacists to dispense naloxone under proper protocols

This would eliminate the need to obtain a prescription from a provider. No other uses for naloxone are known at this time. When given to someone who is addicted to opiates, it sends the person into withdrawal.

Decision: Accepted

Enforcement Workgroup Recommendations

Michael Herring, Commonwealth's Attorney, City of Richmond

James A. Cervera, Chief of Police, Virginia Beach Police Department

Mr. Herring and Chief Cervera read each of the Workgroup recommendations, legislative items and Workgroup referrals. (Handout provided – see attached)

Recommendations:

1. Evidence Based Practices (EBP)

No vote needed as these items relate to Recommendation 4.

2. Enforcement

a. Amend the Code of Virginia to allow prosecution of dealers who cause fatal overdoses

This would require legislation to do. No specific language was endorsed by the Workgroup.

b. Consider enhanced punishment for dealers who cause fatal overdoses

This applies to predatory, not social, dealers.

c. Ensure legislative amendments apply to all illegal controlled substances

No vote needed as items 2 a-c relate to Legislative Item 1.

3. Naloxone

The Enforcement Workgroup agrees with what has been adopted in the Treatment Workgroup recommendations. No vote is needed.

4. Incarceration Alternatives

Decision: This will be referred by Delegate Charniele Herring for a Study Resolution.

Legislative Items:

1. Prosecution for dealers who cause fatal overdoses

Decision: Accepted

2. First responder access to Naloxone

This was accepted as part of the Treatment Workgroup's recommendations.

Workgroup Referrals:

1. To the Education Workgroup: Multi-disciplinary training and education

Decision: Agreed to the referral.

2. To the Treatment Workgroup: Use Evidence Based Practices to identify alternatives to incarceration

Decision: Agreed to the referral.

3. To the Treatment Workgroup: Identify entry points for treatment into the criminal justice system

Decision: Agreed to the referral.

Data/Monitoring Workgroup Recommendations

Carol Forster, MD, Physician Director, Pharmacy & Therapeutics/Medication Safety, Mid-Atlantic Permanente Medical Group

Dr. Forster directed the Task Force to the Recommendations and noted that italicized items are longer term issues for review and that the non-italicized items are encompassed in the legislative and short term action items. (Handout provided – see attached)

Dr. Forster read each of the Workgroup legislative items and short term action items and answered questions.

Legislative Items:

1. Amend 54.1-2522.1

- a. Add Pharmacists to mandatory PMP registration requirement
- b. Allow for registration not based on renewal cycle
- c. Remove language potentially discouraging use of treatment agreements

Decision: Accepted

2. Amend 54.1-2521

- a. To require reporting of prescriber National Provider Identifier (NPI) for prescriptions for human patients
- b. To require "Species Code" as a required data element

The "species code" will enable PMP to determine in what specialty the prescriber is.

Decision: Accepted

3. Amend 54.1-2523

- a. Clarify that PMP data shall not be available for civil subpoena nor shall such records be deemed admissible as evidence in any civil proceeding

The current code speaks to medical malpractice and board actions.

Decision: Accepted

Short Term Action Items:

1. Placement of Morphine Equivalent Doses per Day Information on PMP Reports

This is in the realm of clinical care. Physicians would not have to calculate it themselves. DHP needs to develop guidance on use of this information.

Decision: Accepted

2. Develop clinically oriented criteria for unsolicited reports to prescribers on specific patients

DHP will develop this new criteria.

Decision: Accepted

3. Develop Individual Prescriber Feedback Reports

Some states are already doing this. Legislative authority may be needed.

Decision: Accepted, PMP to work with the Attorney General's office to confirm authority.

4. Direct applicable agencies to share data on prescription drug and heroin abuse, overdoses, drug seizures, arrest information, etc to analyze information to mitigate harm from prescription drug and heroin abuse

Decision: Accepted

Public Comment

Victoria Cochran, Deputy Secretary of Public Safety and Homeland Security, Office of the Governor

Ms. Cochran announced that no one signed up for public comment and that no public comments had been provided through the Task Force website. Dr. Art Van Zee asked to come forward. Dr. Van Zee indicated that there is no data on physicians mis-prescribing or over-prescribing and no mandatory education. He suggested that the education piece could be done when licensed and upon license renewal.

Next Meeting

Victoria Cochran, Deputy Secretary of Public Safety and Homeland Security, Office of the Governor

The next meetings of the Task Force will be held on the second Tuesday of each month from March through June of 2015 at 1:00 p.m. The Workgroups will arrange their own meetings.


Closing Remarks

Brian Moran, Secretary of Public Safety and Homeland Security

Secretary Moran thanked everyone for their participation in the meeting and in the Workgroups. He appreciates the amount of time spent on this issue and asked that participants be available during the upcoming General Assembly session.

Adjourn


The meeting adjourned at 4:55 p.m.




Governor's Taskforce on Prescription Drug & Heroin Abuse

**Possible Actions of the Task Force for
Each Recommendation:**

- Discuss
- Amend
- Agree
- Send back to workgroup for further information
and development



Governor's Taskforce on Prescription Drug & Heroin Abuse



Education Workgroup Recommendations

December 16, 2014




Education Workgroup Recommendations

Task: Raise public awareness about the dangers of misuse and abuse of prescription drugs




Education Workgroup Recommendations

- 1) Develop a state website as an informational hub on prescription drug and heroin abuse
 - a) Governor directs Secretaries of PSHS and HHR to develop v.1.0
 - requires staffing and funding
 - requires content development
 - models from other states
 - can easily target audiences




Education Workgroup Recommendations

- 2) Create and send Op-eds and Dear Colleague letters
 - a) Governor directs appropriate Secretaries to compose and disseminate information to various public and professional audiences
 - Subject matter experts provide draft language
 - Requires coordination with Governor's Policy and Communications Offices



Education Workgroup Recommendations

Task: Distribute information about appropriate use, secure storage, and disposal of prescription drugs




Education Workgroup Recommendations

3) Collaborate with Storage and Disposal to place a stationary disposal container in every locality and subsequently inform Virginians of their locations

a) Support from Storage and Disposal to for action

- Public outreach and education provided by Education, potential to add locator info on website



Education Workgroup Recommendations

4) Collaborate with Storage and Disposal to encourage distribution of lock boxes with controlled-substance prescriptions when dispensed

a) Support from Storage and Disposal for action

- develop partnerships with pharmacies, commercial sponsors
- include literature in boxes




Education Workgroup Recommendations

Task: Train health care providers regarding best practices for opioid prescribing, pain management, the use of the Prescription Monitoring Program (PMP), and identification and treatment of individuals at risk of substance abuse through screening, intervention, and referral tools




Education Workgroup Recommendations

- 5) Send a letter to ALL prescribers about the PMP, focusing on urgency of overdose epidemic
 - a) Governor directs OSHHR to have letter composed by appropriate party
 - Workgroup can draft



Education Workgroup Recommendations



6) Annual educational outreach to opioid prescribers (based on PMP data) regarding appropriate prescribing of controlled substances



Education Workgroup Recommendations



7) Send a letter to healthcare school leaders regarding development of pain management and addiction training curricula

- a) Governor directs OSHHR to compose and send letter to appropriate education leaders



Education Workgroup Recommendations

Task: Train first responders to more effectively respond to calls involving overdose, and use evidence-based interventions to reduce overdose deaths



Education Workgroup Recommendations

- 8) Develop a minimum 4-hour opioid educational curriculum for law enforcement, corrections, probation and parole, EMTs, CIT officers, and school resource officers
 - a) Governor directs OSPSHS and OSHHR to have appropriate agencies (DCJS, DBHDS, DFP, VDH) collaborate to complete this
 - includes subjects like addiction, opioid specific data, treatment options



Education Workgroup Recommendations


- 9) Develop law enforcement training regarding naloxone administration if pilot is expanded to include law enforcement; pilot expansion must include law enforcement immunity for injuries when administering naloxone.
 - a) Governor directs OSPSH to have appropriate agency complete
 - Requires legislative expansion of pilot



Education Workgroup Recommendations



Additional Workgroup recommendations for consideration:

- Establish a state-wide take back day
- Outreach and education to those who are in a position to dispose of medications (funeral homes, hospice, physicians, users, etc.)
- PSAs on social and traditional media
- Add disposal information prominently in pharmacies
- School education programs - Generation RX in the four pharmacy programs
- Legislation for pharmacies to accept medication take backs (Federal?)
- DHP to provide information about appropriate prescribing practices and resources on website
- Develop a tangible information product (brochure, one-pager, etc.) for individuals and families to be distributed by first responders




Education Workgroup
Recommendations

Questions & Comments?




Governor's Heroin & Prescription Drug Taskforce




Education Workgroup

Co-Chairs: Sarah Melton, PharmD, & Victoria Cochran

December 16, 2014




Governor's Taskforce on Prescription Drug & Heroin Abuse




Storage & Disposal Workgroup Recommendations

December 16, 2014



Storage & Disposal Workgroup Recommendations

Task: "To advance effective solutions that lead to safe storage and proper disposal of potentially dangerous prescription drugs."





Storage & Disposal Workgroup Recommendations

- 1) To increase disposal opportunities via drug take-back events within the community.
 - a) Law enforcement (LE) awareness:
 - VSA, VSP, VACP sponsored/assisted events
 - Website on abuse, disposal locator, service gaps
 - Disposal best practice guide for LE
 - Presentations by LE & community coalitions to share experiences



Storage & Disposal Workgroup Recommendations

- 1) To increase disposal opportunities via drug take-back events within the community.
 - b) Organization awareness:
 - Info for health care providers on patient disposal & take back education
 - Promotion & marketing of abuse education, disposal methods, & take-back events




Storage & Disposal Workgroup Recommendations

- 1) To increase disposal opportunities via drug take-back events within the community.
- c) Public awareness:
 - Info for families on drug abuse education, disposal methods, & take-back events
 - Online resource page for info on drug abuse & proper disposal methods- includes social media components




Storage & Disposal Workgroup Recommendations

- 1) To increase disposal opportunities via drug take-back events within the community.
- d) Public Alerts for disposal & take-back events:
 - Include "take-back locator" into webpage
 - Encourage LE, community coalitions, etc. to post events
 - Notify the media of upcoming events



Storage & Disposal Workgroup Recommendations

- 1) To increase disposal opportunities via drug take-back events within the community.
- d) Identify financial assistance opportunities:
 - Identify organizations, businesses, etc. to subsidize all or part of take-back and/or disposal costs
 - Offer Governor recognition to financial assistance providers



Storage & Disposal Workgroup Recommendations

- 1) To increase disposal opportunities via drug take-back events within the community.
- e) Review & Update the OAG's 'Take Back Event' document
- f) Explore the feasibility of mobile incinerators



Storage & Disposal Workgroup Recommendations

- 2) To increase disposal opportunities via drug take-back events within the law enforcement agencies.
 - a) Increase number of LE agencies participating as drug collection sites
 - Explore group purchasing rate of drop-boxes
 - Identify LE currently using drop-boxes & determine best practices/ costs & disseminate information



Storage & Disposal Workgroup Recommendations

- 3) To increase disposal opportunities via mail back programs & collection boxes provided by pharmacies.
 - a) Determine State's need to promulgate federal rules regarding pharmacy collection & mail back programs via legal guidance



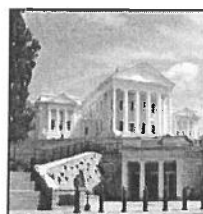
Storage & Disposal Workgroup Recommendations

- 3) To increase disposal opportunities via mail back programs & collection boxes provided by pharmacies.
 - b) Increase pharmacy collection & mail back participation
 - Determine process for receiving, transferring, and disposing of drugs
 - **Identify potential security concerns for collection sites/ patients and mitigating risks**



Storage & Disposal Workgroup Recommendations

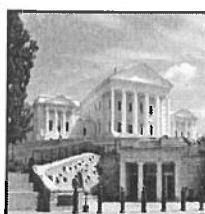
- 4) Determine preferred methods for disposing of unwanted/needed drugs.
 - a) Determine federal rule impact of existing drug disposal/take-back programs
 - Develop guidance to assist localities on various disposal methods for consumer disposal



Storage & Disposal Workgroup Recommendations

Short Term Action Items:

- Increase awareness and provide information on securing drugs in the home.
- Develop best practices for providing info to citizens about storage of prescription drugs and encourage LE, pharmacies, doctors, etc. to promote proper storage and disposal



Storage & Disposal Workgroup Recommendations

Short Term Action Items:

- Encourage LE to apply CVS and other drug stores for disposal boxes





Storage & Disposal Workgroup Recommendations

Legislative Items:


- Require Hospice to notify pharmacies and Medicaid about the death of a patient.



Storage & Disposal Workgroup Recommendations


Workgroup Referrals:

- Education Workgroup
 - Education for Doctors on how to prescribe medication in proper doses to limit excess quantities of prescribed drugs.




Storage & Disposal Workgroup
Recommendations

Questions & Comments?




Governor's Heroin & Prescription Drug Taskforce




Storage & Disposal Workgroup

Co-Chairs: Caroline Juran & Rick Clark
December 16, 2014




Governor's Taskforce on Prescription Drug & Heroin Abuse



Treatment Workgroup Recommendations


December 16, 2014



Treatment Workgroup Recommendations

Objectives:

- (1) Improve access to and availability of treatment services;
- (2) Foster best practices and adherence to standards for treatment of individuals addicted to opioids;
- (3) Strengthen and expand the capacity of Virginia's health workforce to respond to substance abuse treatment needs, including encouraging health professions schools and continuing education programs to provide more education about how to identify and treatment substance abuse.





Medication Assisted Therapy (MAT)


- Opioid addiction is unique; brain does not manufacture alcohol, THC, cocaine
- Physical and lasting changes to the brain
- Medication treatment-methadone, buprenorphine, naltrexone- is most effective (with psychosocial treatment)
- Allows functionality, not “highs”
- Methadone Tx – clinics highly regulated; Less accountability office-based buprenorphine



Treatment Workgroup Recommendations

- Adopt and promote the practice of assessment for and access to MAT with counseling and case management as the standard of care for individuals addicted to opioids
- Barriers related to stigma, access, cost, quality






Treatment Workgroup Recommendations

1) To reduce stigma and increase access, provide education about addiction and MAT to:

- Health care providers and students
- CSBs
- Law enforcement
- Communities

➤ **Coordinate with Education subgroup**



Treatment Workgroup Recommendations


2) Explore ways to enhance access to MAT through:

- Community service boards
- Drug treatment courts
- Jail-based treatment

➤ **Funding**

➤ **Education**

➤ **Explore public-private partnerships**




Treatment Workgroup Recommendations

3) Increase training opportunities for health care professionals, both in training and in practice, for:

- How to treat addiction
- How to diagnose and manage chronic pain


➤ **Coordinate with Education subgroup**



Treatment Workgroup Recommendations

4) Enhance and enforce a standard of care for treatment with office-based buprenorphine


- Leverage federal efforts
- Seek baseline data for Virginia



The image on the left side of the slide features a black and white photograph of the Virginia State Capitol building at the top. Below the photograph is a solid black rectangular area. At the bottom of this black area is the official seal of the Commonwealth of Virginia, which depicts a Native American figure holding a bow and arrow, surrounded by a circular border with the text 'SIGILLUM REIPUBLICAE VIRGINIAE'.

Treatment Workgroup Recommendations


- 5) Ensure health plans are complying with the Mental Health Parity and Addiction Equity Act by providing adequate coverage for treatment, including MAT



The image on the left side of the slide features a black and white photograph of the Virginia State Capitol building at the top. Below the photograph is a solid black rectangular area. At the bottom of this black area is the official seal of the Commonwealth of Virginia, which depicts a Native American figure holding a bow and arrow, surrounded by a circular border with the text 'SIGILLUM REIPUBLICAE VIRGINIAE'.


Treatment Workgroup Recommendations

- 6) Examine and enhance Medicaid reimbursement for substance abuse treatment services
- 7) Expand access to naloxone by lay rescuers and law enforcement to prevent death from overdose



Treatment Workgroup Recommendations

- 8) Explore and expand use of appropriate peer support services, with necessary oversight
- 9) Expand use of the Prescription Monitoring Program;
 - Coordinate with Data/Monitoring and Enforcement workgroups



Treatment Workgroup Recommendations

Short Term Actions:

- Coordinate with Education workgroup to enhance and increase training opportunities
 - Revisit Board of Medicine guidance on pain management
- Obtain baseline data on distribution of methadone clinics and quality of buprenorphine providers; barriers faced



Treatment Workgroup Recommendations

Short Term Actions:


- Obtain more info about health plan reimbursement and the Mental Health Parity Act
- Obtain more info about Medicaid reimbursement
- Explore best practices for treatment through CSBs



Workgroup Recommendations


Legislative Items:

- Increase access to naloxone by expanding the pilot program statewide and providing immunity for administration
- Increase access to naloxone by allowing pharmacists to dispense naloxone under proper protocols




Treatment Workgroup
Recommendations

Questions & Comments?




Governor's Taskforce on Prescription Drug & Heroin Abuse




Enforcement Workgroup Recommendations


December 16, 2014



Enforcement Workgroup Recommendations


Task: *Identify and promote evidence-based best practices and strategies across the criminal justice system to address public safety risks and treatment needs of individuals with opioid addiction, training in the use of life saving interventions, expanded alternatives to incarceration, including drug courts, and cross-system collaboration to improve access to and the availability of treatment.*






Enforcement Workgroup Recommendations

- 1) Evidence Based Practices (EBP)
 - a) Use EBP to identify successful alternatives to incarceration
 - b) No EBP was identified as applicable to law enforcement efforts to combat the prescription and heroin abuse epidemic.




Enforcement Workgroup Recommendations

- 2) Enforcement
 - a) Amend the Code of Virginia to allow prosecution of dealers who cause fatal overdoses
 - b) Consider enhanced punishment for dealers who cause fatal overdoses
 - c) Ensure legislative amendments apply to all illegal controlled substances




Enforcement Workgroup Recommendations

- 3) Naloxone
 - a) Access should be expanded to include all first responders as an optional, not mandatory, resource
 - b) Immunity should be granted to first responders opting to use Naloxone




Enforcement Workgroup Recommendations

- 4) Incarceration Alternatives
 - a) Evidence Based Practices (EBP) should be used to provide the criminal justice system with alternatives to incarceration for all drug abusers (non-dealers)
 - b) EBP can be used at various points in the system: pre-arrest; post-arrest; pre-conviction; and post-conviction



Enforcement Workgroup Recommendations



- 4) Cross-system Collaboration
 - a) Mandatory reporting of overdoses to a non-law enforcement agency, with limited access
 - b) Cross-system multi-disciplinary training



Enforcement Workgroup Recommendations

Legislative Items:



- Prosecution for dealers who cause fatal overdoses
- First responder access to Naloxone
 - Optional use
 - Immunity



Enforcement Workgroup Recommendations


Workgroup Referrals:

- Education
 - Multi-disciplinary training and education
- Treatment
 - Use Evidence Based Practices to identify alternatives to incarceration
 - Identify entry points for treatment into the criminal justice system




Enforcement Workgroup Recommendations

Questions & Comments?




Governor's Heroin & Prescription Drug Taskforce




Enforcement Workgroup

Co-Chairs: Chief James Cervera, Virginia Beach
Michael Herring, Commonwealth's Attorney, City of Richmond

December 16, 2014




Governor's Taskforce on Prescription Drug & Heroin Abuse




Data/Monitoring Workgroup Recommendations


December 16, 2014



Data/Monitoring Workgroup

Task: Share and integrate data among relevant licensing agencies, law enforcement, courts, health care providers and organizations, and programs such as the PMP, in order to clarify and address public safety and public health concerns, understand emerging trends, and utilize data driven decision making to mitigate harm






Data/Monitoring Workgroup Recommendations

Process:

- Discuss
- Send back to workgroup for further information and development
- Amend
- Agree



Data/Monitoring Workgroup Recommendations

- 1) Expand mandatory PMP registration and mandatory use of PMP data
 - a) Amend 54.1-2522.1 Add Pharmacists to mandatory PMP registration requirement, allow for registration not based on renewal cycle, remove language potentially discouraging use of treatment agreements
 - b) *expand mandatory requests to include acute treatment*



Data/Monitoring Workgroup Recommendations

- 2) Provide additional clinical information to prescribers and dispensers
 - a) Add MEDD to PMP reports
 - b) Send clinically applicable “unsolicited” reports to prescribers
 - c) Send “feedback” on prescribing of opiates and other controlled substances to prescribers
 - d) Add NPI and Species Code to PMP reporting requirements



Data/Monitoring Workgroup Recommendations

- 3) Improve usefulness and effectiveness of PMP information
 - a) Expand use of PMP to RPh and prescribers involved in team healthcare
 - b) Expand list of dispensers reporting to PMP*




Data/Monitoring Workgroup Areas of Concern

- 4) Improve logistics regarding use of PMP data
 - a) Ensure PMP data is not available in civil matters
 - b) *For timeliness reasons require daily reporting of dispensed prescriptions to PMP*



Data/Monitoring Workgroup Areas of Concern


- 5) Review how drug overdose, dispensing and PMP information is available to Law Enforcement/Regulatory Boards
 - a) *Reporting of fatal overdoses*
 - b) *Expand ID verification requirement for dispensing*
 - c) *Send "Unsolicited" reports indicating indiscriminate prescribing or dispensing (i.e. geographic distribution)*



Data/Monitoring Workgroup Proposed Action Items

Legislative Short Term Action Item:


- Amend 54.1-2522.1
 - Add Pharmacists to mandatory PMP registration requirement
 - Allow for registration not based on renewal cycle
 - Remove language potentially discouraging use of treatment agreements
 - Placeholder-Delegate Herring



Data/Monitoring Workgroup Proposed Action Items

Legislative Short Term Action Item:


- Amend 54.1-2521
 - To require reporting of prescriber National Provider Identifier (NPI) for prescriptions for human patients
 - To require "Species Code" as a required data element



Data/Monitoring Workgroup
Proposed Action Items

Legislative Short Term Action Item:


- Amend 54.1-2523
 - Clarify that PMP data shall not be available for civil subpoena nor shall such records be deemed admissible as evidence in any civil proceeding



Data/Monitoring Workgroup
Proposed Action Items

Short Term Action Item:


- Placement of Morphine Equivalent Doses per Day Information on PMP Reports
- Direct applicable licensing boards to develop improved guidance on use of MEDD information in making treatment or dispensing decisions
- No Legislation Required



Data/Monitoring Workgroup Proposed Action Items

Short Term Action Item:

- Develop clinically oriented criteria for unsolicited reports to prescribers on specific patients
- Identify patients with high risk combinations of controlled substances
- Identify patients receiving more than 100-120 morphine milligram equivalent doses/day
- No Legislation Required



Data/Monitoring Workgroup Proposed Action Items

Short Term Action Item:

- Develop Individual Prescriber Feedback Reports
- To contain up to 7 data points such as the number of a prescriber's patients receiving over 100-120 morphine equivalent doses/day
- NPI and Species Code reporting



Data/Monitoring Workgroup Proposed Action Items

Short Term Action Item:

- Direct applicable agencies to share data on prescription drug and heroin abuse, overdoses, drug seizures, arrest information, etc to analyze information to mitigate harm from prescription drug and heroin abuse
- According to existing authority to share data



Governor's Heroin & Prescription Drug Taskforce



Data/Monitoring Workgroup

Co-Chairs: Carol Forster, M.D., Katya Herndon

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